

ADULT PROBATION AND PAROLE

You have been referred for a Presentence Investigation Report. This report will be provided to the court to assist the court in determining the appropriate sentence. Your input and information is critical to this process. In order to complete this investigation, it is important you do the following:

I. SET APPOINTMENT FOR INTERVIEW. (Please keep appointment-we do not reschedule unless emergency)

APPOINTMENT DATE: _____ TIME: _____

AGENT: _____

***IF INCARCERATED PLEASE FILL OUT IMMEDIATELY UPON RECEIVING
AS AN INTERVIEW MAY OCCUR WITHIN 24 HOURS***

II. PREPARE THE ATTACHED QUESTIONNAIRE COMPLETELY AND BRING IT WITH YOU AT THE TIME OF YOUR INTERVIEW.

III. ON THE DATE OF YOUR INTERVIEW, SUBMIT THE FOLLOWING DOCUMENTS AS APPLICABLE & AVAILABLE.

- Your present employment and salary (example: check stub or letter from employer).
- Your marriage and/or divorce history (example: marriage certificate, divorce decree or other court documents).
- Your military experience including type: discharge (example: DD214 form).
- Names and addresses of all agencies from whom you have received counseling for behavioral, drug or alcohol problems.
- The last school you attended and the highest grade completed (example: diploma, school transcript, Report cards, letter from school).

***Letters of support provided by one or two people who know you best submitted directly to your writer – through email, fax or voice mail as instructed by your writer.**

This appointment should take between 45 to 90 minutes; therefore, please arrange your schedule as such. Because children can be very disruptive to the interview process, we ask you to arrange for their care elsewhere during your appointment time. Thank you for your cooperation.

Presentence Report Questionnaire

Name: _____ Date of birth: _____

What other legal names have you had? _____

Other names used (maiden name, nicknames, etc.): _____

Social Security Number: _____

Permanent address: _____ Phone: _____

Who do you live with? _____

How long have you lived at your current address? _____

How many addresses have you had in the last 12 months? _____

Do you consider it to be a high crime neighborhood? _____

Do you like where you are living? Yes_____ No_____ If no, explain: _____

DEFENDANT'S STATEMENT:

STATEMENT OF THE OFFENSE: This statement should contain your version of what happened related to the offense and should include your reasons for your involvement and how you feel about what happened.

- How do you feel about the crimes you've committed?
- How has this affected your life?
- What have you done since your arrest to fix the problem?
- What was the reason/problem why this happened?
- What have you learned from this experience?

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

This image shows a full page of blank handwriting practice paper. It features multiple sets of horizontal lines spaced evenly down the page. Each set typically consists of three lines: a solid top line, a dashed middle line, and a solid bottom line, providing a guide for letter height and placement. The paper is otherwise completely blank, with no text or other markings.

Date: _____ Signature: _____

What should the judge do? What kind of sentence do you deserve—prison, probation, jail, counseling, fine restitution, home arrest? What do you think would be fair? _____

If placed on probation, what do you think the benefit and disadvantages will be? _____

VICTIM IMPACT STATEMENT AND RESTITUTION:

Was there a victim in this offense? Yes _____ No _____

If yes, do you know the victim? Yes _____ No _____ Who is the victim? _____

Did the victim experience injury, loss, or damage as a result of your conduct? Yes _____ No _____

If yes, please explain what you know about that: _____

What is your plan to make restitution, if owed? _____

CO-DEFENDANT STATUS:

Was anyone else arrested with you? Yes _____ No _____ If yes, list their names and level of involvement: _____

JUVENILE CRIMINAL HISTORY:

Please list below ***all previous referrals*** as a JUVENILE (under age 18). Also include referrals outside the State of Utah.

<u>YEAR</u>	<u>POLICE DEPT/ CITY</u>	<u>OFFENSE</u>	<u>SENTENCE</u> (FINE, PROBATION, JAIL)

Were you ever arrested, cited or stopped by the police for law violations under the age of 16? Yes____ No____

Explain: _____

Were you ever incarcerated upon conviction in a jail/prison or juvenile detention? Yes____ No____

Explain: _____

If yes, were you ever punished for violating the rules while incarcerated? Yes ____ No ____

If yes, list rule violations: _____

Have you had any escape or attempted escape from a youth correctional facility, including institutional and residential facilities? Yes____ No ____

Does your juvenile history contain any crimes of assault or violence? Yes ____ No ____

Specify: _____

ADULT CRIMINAL HISTORY:

Please list below ***all previous arrests*** as an ADULT (age 18 and over) that occurred in other states or with the Federal system.

<u>DATE</u> <u>ARRESTED</u>	<u>CITY</u>	<u>OFFENSE</u>	<u>SENTENCE</u> (FINE, PROBATION JAIL)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been federally indicted? Yes ____ No ____

Have you ever been deported? Yes ____ No ____.

Were you ever incarcerated upon conviction in a jail/prison? Yes____ No____

Explain: _____

If yes, were you ever punished or written up for violating the rules while incarcerated? Yes ____ No ____

If yes, list rule violations: _____

Have you had any escape or attempted escape from a correctional facility, including institutional and residential facilities and/or an ankle monitoring? Yes____ No ____

Do you have a record or history of assault or violence? Yes ____ No ____

Specify: _____

PENDING CASES:

Do you have any pending cases? Yes____ No____ If yes, please provide a complete list below:

<u>YEAR</u>	<u>POLICE DEPT</u>	<u>OFFENSE</u>	<u>NEXT COURT HEARING</u>
_____	_____	_____	_____
_____	_____	_____	_____

Gang Affiliation:

Are you now or have you been involved with a gang? Yes ____ No ____ If yes, list names of gang and your level of involvement:-

PROBATION/PAROLE HISTORY:

Have you been or are you currently on probation or parole? Yes ____ No ____ If yes, please provide a complete list below:

<u>TYPE</u> (Court/City, County, Private AP&P)	<u>DATES</u>	<u>VIOLATIONS</u>	<u>SUCCESSFUL COMPLETION</u>
			Y/N
			Y/N
			Y/N
			Y/N
			Y/N
			Y/N
			Y/N

LIFE HISTORY AND CURRENT LIVING SITUATION:

City/Country/State of Birth _____

Biological father's name _____ Occupation/type of work _____

Biological mother's name _____ Occupation/type of work _____

If your parents are divorced, how old were you when it happened? _____

Name of stepparents: _____

Were you adopted? Yes ____ No ____ How old were you when adopted? _____

Name of parents that adopted you _____

Did you ever live in any foster placements? Yes ____ No ____ If yes, why? _____

List the members of your *immediate family*: Parents, stepparents, adoptive parents, brothers, and sisters, stepbrothers and sisters, and adoptive brothers and sisters.

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Address/Phone#</u>

List all places you have lived from childhood to present in the table below:

<u>AGE</u>	<u>PLACE</u>	<u>WHO DID YOU LIVE WITH?</u> (Parents, Grandparents, Foster Home, etc.)

How did you get along with your family while growing up? _____

Were your basic necessities (food, shelter, and clothing) provided for you? Yes _____ No _____

If no, explain. _____

Were your emotional needs met? Yes _____ No _____

If no, explain. _____

Describe any unusual problems your family or siblings have had, such as alcohol abuse, drug abuse, legal problems, mental illness, history of being unemployed, abusive, etc. _____

What was the most difficult thing about your family life? _____

What was the best thing about your family life? _____

What particular problems did you encounter as a child, if any? _____

Describe your childhood in general. _____

How old were you when you left home? _____ Why? _____

Are you currently: (circle) Married Single Divorced Separated Living with/Companion Common Law
If you are single, do you have any plans for marriage in the near future? Yes _____ No _____ If yes, to whom? _____

Please describe your present relationship with your spouse/ partner: _____

How does your spouse/partner feel about this present offense? _____

Does your spouse or partner have a present or past criminal record? Yes _____ No _____ If yes, please explain: _____

Please list **all** PREVIOUS and PRESENT marriages (significant co-habituating relationships) for YOURSELF.

Spouse's /Partner's Name

Date/Place Marriage/Co-habitation

Date Divorced or Deceased

1) _____

A) Child's Name

Birth Date

Current Contact with Child

Spouse's /Partner's Name

Date/Place Marriage/Co-habitation

Date Divorced or Deceased

2) _____

A) Child's Name

Birth Date

Current Contact with Child

Spouse's /Partner's Name

Date/Place Marriage/Co-habitation

Date Divorced or Deceased

3) _____

A) Child's Name

Birth Date

Current Contact with Child

Please write on back if additional information is needed and mark as such ().

Do you have any close friends? _____

How many of your friends have been in trouble? (Circle) None Few Some Most

Do you have acquaintances that have been in trouble with the law? Yes____ No____

Do you associate with any people who obey the law? Yes____ No____

Who do you have in your life that has never been in trouble and is always willing to help you out and support you?

Please provide name, address and phone number.

Yes_____ No_____ If yes, please describe in the table below:

(DAILY WEEKLY MONTHLY YEARLY)

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Physical and Mental Health

Describe your current PHYSICAL Health. _____

Describe your current MENTAL Health. . _____

Are you currently under a doctor's care? Yes ____ No ____ Reason for treatment _____

Are you taking prescription medication? Yes ____ No ____ If yes, what kind and why? _____

Have you ever been diagnosed and/or received treatment for a mental health condition? Yes ____ No ____ If yes, please describe in the table below:

AGE

MEDICATIONS

TREATMENT

DIAGNOSIS

If you are not involved in counseling or treatment, do you think it would be beneficial? Yes ____ No ____ If yes, why? _____

Are there any medications you should be taking? Or feel you need to be taking? Yes ____ No ____ If yes, explain: _____

Do you or have you in the past thought about suicide? Yes ____ No ____

Have you ever attempted suicide? Yes ____ No ____ If yes, explain: _____

Have you ever been physically, mentally, or sexually abused? Yes ____ No ____ If yes check here () if you prefer to discuss this with your investigator. Or, if yes, explain: _____

EDUCATION:

Please list *high schools, trade schools, and institutions of higher learning* you've attended and/or certifications/diplomas you have received.

<u>School Name</u>	<u>Location</u>	<u># Yrs Attended</u>	<u>Grade Completed</u>	<u>Date Left</u>	<u>Graduate?</u>
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If you left school before graduation, what were your reasons? _____

Have you ever been suspended or expelled from school? Yes _____ No _____ If yes, explain: _____

Do you have any learning disabilities? Yes _____ No _____ If yes, explain: _____

EMPLOYMENT:

How many jobs have you had in the last 10 years? _____

What is the longest you have held one job? _____

List the places you have worked, starting with the *most recent* (or current) job:

<u>EMPLOYER & ADDRESS</u>	<u>FULL/PART TIME</u>	<u>WAGE</u>	<u>JOB TITLE</u>	<u>DATE START/END</u>	<u>REASON FOR TERMINATION</u>
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Have you ever been fired or resigned from any job? If so, how many times? _____

(Please write on back if additional information is needed and mark as such ().

If employed, do you get along with your co-workers and supervisor? Yes _____ No _____

Do you have any physical work limitations? _____

MILITARY HISTORY: Have you been in the military Yes _____ No _____. Please provide the dates, branch and type of discharge.

FINANCIAL INFORMATION:

What is **YOUR** current monthly income? \$_____

Does your partner work? Yes_____ No_____

Is your household income adequate to meet needs? Yes_____ No_____

Are you planning to file bankruptcy? Yes_____ No_____

Have you ever had property repossessed in the past 12 months? Yes_____ No_____ If yes, what? _____

In the past 12 months, have you had to rely on food stamps, worker compensation, unemployment or other social assistance to meet your basic needs? Yes_____ No_____

How would you rate your financial situation? Good _____ Fair_____ Bad _____

Are you ordered to pay child support? Yes_____ No_____ Are you current on child support? Yes_____ No_____

What is your monthly obligation? _____

SUBSTANCE ABUSE HISTORY:

Do you now or have you ever consumed alcohol?

<u>Type of Alcohol</u>	<u>Age First Used</u>	<u>Frequency of Use</u>	<u>Amount</u>	<u>Last Used</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How old were you when you started to drink regularly? (every day, weekend, month etc.) _____

Do you feel you have ever abused alcohol? Yes_____ No_____ If yes, have you ever received counseling for alcohol abuse? Yes_____ No_____ If yes, where and when? _____

Do you feel treatment for alcohol counseling would be helpful? Yes_____ No_____

Were you drinking when you committed this offense? Yes_____ No_____ How much? _____

In reference to the list below: What is/are your drug (s) of choice?

DRUG: Amphetamine Barbiturates Cocaine Crack Cocaine Heroin Inhalants LSD Marijuana
Methamphetamine Opiates Other Hallucinogens Prescription MDMA GHB Other

<u>Drug</u>	<u>Age First Used</u>	<u>Frequency of Use</u>	<u>Amount</u>	<u>Last Used</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What other drugs you have you experimented with, or even tried one time?

Have other people talked to you (complained to you) about your use? _____

Drinking to unconsciousness/blackouts Past Treatment Failure Financial Problems Due to Use

How have you supported your habit? _____

Are you going to counseling now? _____

Additional information/comments you would like to make that have not been addressed above: _____

Page 14

